

PLAINTIFF Richard Katz	COURT CASE NUMBER 3:15-cv-01187
DEFENDANT NBME / USMLE Organization	TYPE OF PROCESS Complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
National Board of Medical Examiners HOUSE COUNSEL
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
3750 Market Street Philadelphia, PA 19104

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 1
Richard Katz 3364 Parker Lane East Stroudsburg, PA 18301	Number of parties to be served in this case 2
	Check for service on U.S.A.

FILED

SOPRANTONI

JUN 25 2015

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

NBME HOUSE COUNSEL Needs to be served.
215-590-9500

PER *[Signature]*
DEPUTY CLERK

Mon-Fri 9:00 AM to 5:00 PM

Signature of Attorney other Originator requesting service on behalf of: <i>[Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER (570) 517-9314	DATE 6/23/15
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date _____	Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

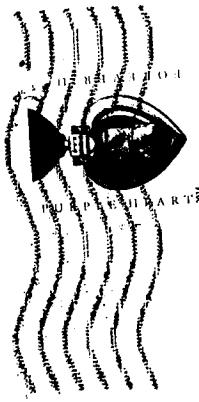
Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount deposited to U.S. Marshals Service account
					\$0.00

REMARKS:

REMARKS

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



LEHIGH VALLEY PA 18301
235 North Washington Ave
Scranton PA

Richard Katz
3364 Parker Lane
East Stroudsburg PA
18301

OFFICE OF THE CLERK
United States District Court
for the

RECEIVED
SCRANTON
JUN 8 2015

Middle District of Pennsylvania
235 North Washington Ave
P.O. Box 1148
Scranton PA 18501-1148

18501114848